



Sponsor Registration Form

To sponsor a family by paying the family's premiums

Instructions

Use this form if you would like to sponsor a family or families by paying their Healthy Families premiums. (Use only black or blue ink.)

Fill out the form and mail it to: Healthy Families, PO Box 138005, Sacramento, CA 95813-9984.

Questions?

If you have any questions about the form, call Healthy Families: **1-866-848-9166**, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday from 8 a.m. to 5 p.m. The call is free.

Person or organization wishing to be a sponsor:

Name:
Address (street):
City, State, Zip Code:
Phone number:
Fax number:

If sponsor is an organization, list an authorized representative:

Name:
Title:
Phone number:
Healthy Families use only. ID#

Are you (or your organization) interested in being contacted by individuals and/or Certified Application Assistants who are looking for a sponsor? ☐ Yes ☐ No

If the Healthy Families Program puts information about sponsors on its website, may we list you (or your organization)? ☐ Yes ☐ No

Are you eligible to be a sponsor? Persons or entities *cannot* be a sponsor if:

1. A person is a health care provider who participates in the Healthy Families Program; or an organization composed primarily of or controlled by such persons.
2. It is a government, school, nonprofit or charitable organization that operates a health care institution or facility which participates in the Healthy Families Program.
3. It is a participating health, dental or vision plan.
4. They are acting on behalf of or representing any person or entity described above.

Sign the form to certify that:

1. You/organization are eligible to be a sponsor.
2. You acknowledge that the Managed Risk Medical Insurance Board has taken no position about whether payment of premiums as a sponsor by any person or entity would be in violation of federal fraud and abuse laws.
3. You will allow each applicant sponsored to make his or her own choice of participating plans in their county of residence as identified in the Healthy Families Handbook.
4. You can sponsor all eligible children in a household, all eligible children and adults in a household, or all eligible adults with children enrolled in no-cost Medi-Cal and no children in the Healthy Families Program.

(Printed name)

(Signature)

(Date)

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